

U.S. PRO

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

INVENTOR: FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Michael Thomas Lee and Nancy Perry Pool
TITLE: LARGE-SCALE PROCESSING LOOP FOR IMPLANTABLE MEDICAL DEVICES

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL084632429US, on this 18th day of DECEMBER, 2000.

FRAYDA M. NITSCHKE

Printed Name _____

Signature _____

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 24 (including claims and abstract: Spec. 20 sheets; Claims 3 sheets; Abstract - 1

X Drawings:

Total sheets: 3

☐ formal **X** informal

X Combined Declaration and Power of Attorney: (UNSIGNED)

☐ newly executed

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

<input type="checkbox"/>	Notification of filing a
<input type="checkbox"/>	Assignment of the Invention to Medtronic, Inc.
<input type="checkbox"/>	Assignment cover sheet
<input type="checkbox"/>	Information Disclosure Statement
<input type="checkbox"/>	PTO Form 1449
<input type="checkbox"/>	Copies of IDS citations
<input type="checkbox"/>	Preliminary Amendment
<input type="checkbox"/>	A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
<input checked="" type="checkbox"/>	Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.

☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number _____, filed _____.

☐ **Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)**

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: _____

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/173,079, filed 24 DECEMBER

1999

X Address all future correspondence to: GIRMA WOLDE-MICHAEL, Reg. No. 36,724
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	20	20	=	x 18	0
Independent Claims	2	3	=	x 80	0
Multiple Dependent Claims	NO			+ 270	0
Basic Filing Fee					710
TOTAL					710

Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) for a total of \$710.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

12/18/2000

Girma Wolde-Michael

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